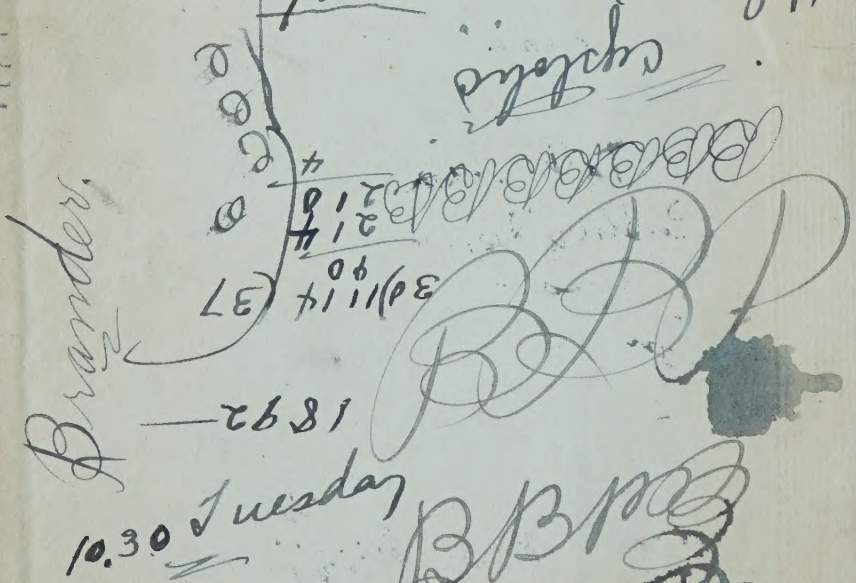
Surg Pathol.
Nov 2 16-23-30
10 P.m.
Sat. 9 15
Jonathan Hutchinson
Clinical Theatre of Hospital
Surgery.

Nov 8 & 15 - 1 P.m.
Clinical Theatre -
Hurry Fenwick - (Urology)



1892 —
10.30 Tuesday

J. Hutchinson Oct 22/X.

Surgery. Surgery.

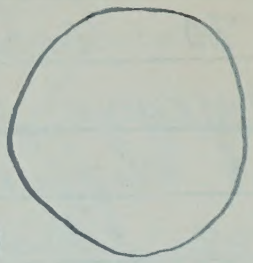
I Man 70- weaker & thinner for 2 years- Chronic constip some difficulty with urine- straining & difficulty in emptying intestine- Inguinal swellings Swelling in belly- small lump above umbilicus. NB. Linea alba (Fatty subperitoneal hernia) Hernia only in Inq. canal. do not come down into scrotum- easily reduced. Note size of 1st Inq ring finger tip- Direct & Indirect made & outside of deep epigastric art.

Cause- 1 Stricture of urethra
2 Constipation
3 Carcinoma-

Ring Stricture Int.

Fixed to Bladder

11 Breast woman -
small tumor



nipple

3 children - nursed 2.
abscess in left Breast.
Lump 7 years - painful
recently - Like some
scirrhus as skin adherent.
Grasp both sides of lump.
and squeeze see if
puckering - hard. not
adherent to Pectoral

Note also shotty bodies
in left Breast. cyst in periphery
Fix and pres centre
If find rounded tumor

and get elastic[illegible] sure cyst.

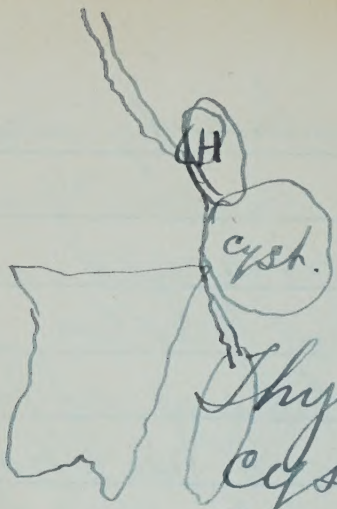
No gland enlarged
not adherent to skin

Cyst in periphery after 40
More common in those
who have not had children
Some fibrous

Yellow oxide of mercury
Excision
Removal of Breast.

May be no evidence
that goes on to malignant.?

III Child 8 yrs -
Swelling under chin
not adherent to skin - not
move freely on hyoid bone.
Under deep fascia -



Thyroglossal.
cyst
Accessory thyroid.

foramen
caecum

Excision
Fistula Rem (- Bernard)
(Branchi-
Lymphatic glands.!

Hair lip -
Premaxilla -
Prolabium.

Project forward
Resection of septum -

association with other deformities — open fontanelles - Spina Bifida - Palatopes -

Obj against removal of premaxilla - upper lip flat & nose deformed - destroying teeth.

Wright anatomy Oct. 24/X.

Hilum of Lung situated nearer post & base Centers, Pulmonary Art. Breaks up — 3 -

2. Trib. of Pul Veins 4 - 5

3. Bronchus - 2 - 3.

Relations -

V. a. B. before back.

Bronchus post structure in mediastinum

Gen Statement in Thorax

before backward V. A. B.
Order above down varies.
Other structures at hilum
Bronchial Glands - distinct
may be pigmented inflamed.
may become enlarged &
give rise to symptoms
Primary - Hodgkins.
Secondary - To cancer of
Respiratory gland.
Glands causes pressure
on Pul art. Ulto Hyp of
Rt Vent - on Veno-
venous cong of lungs.
Pressure on Bronchi =
Dyspnoea.
Glands receive afferent
Efferent - to Thoracic duct
or rt duct.
afferent - Lung itself

coal dust particles get deeper into lungs & alveoli sucked up by lymphatic spaces - then work to afferent lymphatic glands of lung.

Original color of lung - pink.

Arteries & veins strs

Structures which supply interstitial tissue of lung.

Bronchial arteries - Veins not present. capillaries enter Pul. veins instead of Bronchial veins.

Position.

Hilum of left lung as rule 2 - on rt side not as rule.

Found at back of Bronchus

2 arteries on Lt side come from Descending Thor Aorta 1 artery on Rt side from Aortic Intercostal Nerves - Entering hilum - plexuses - Vagus & Thoracic Sympathetic Cervical Symp Supply Heart. because in Embryo ~~heart~~ heart high up above Septum Transversum in which lungs developed. Plexuses situated in front & behind - Ant & Post Pul Plexuses. Post much larger - main trunk of Vagus breaks into ~~Has~~ Plexus + branches of Sympathetic Thorace.

Lobes. Important -
because of disease which
may be limited to one lobe
Lt. side 2 lobes
Rt Side 3 lobes.
1 fissure Oblique present
in both lungs. —
Position

Arm raised vert bord
of scapula occupies
line something like
oblique fissure.
or 2nd dorsal spine -
3 rd dorsal vertebra: line
oblique to obey Rt. Lt side

Rt side falls short of
ant border of Lung.
more vertical on Rt side
Second fissure of Rt side
forms triangular lobe.
If affected percussion
shows irregular dullness
apex upward & outward.

Note Pleura -
Study relations of Lung.
reaches more in relation
to Rt lung than left.
Post reason pleura
does not fall so far - Rt
lung larger than left 11-10
Bronchus of Rt lung larger.

* Oesophagus - more in rel.
to Rt lung. Lies to left of

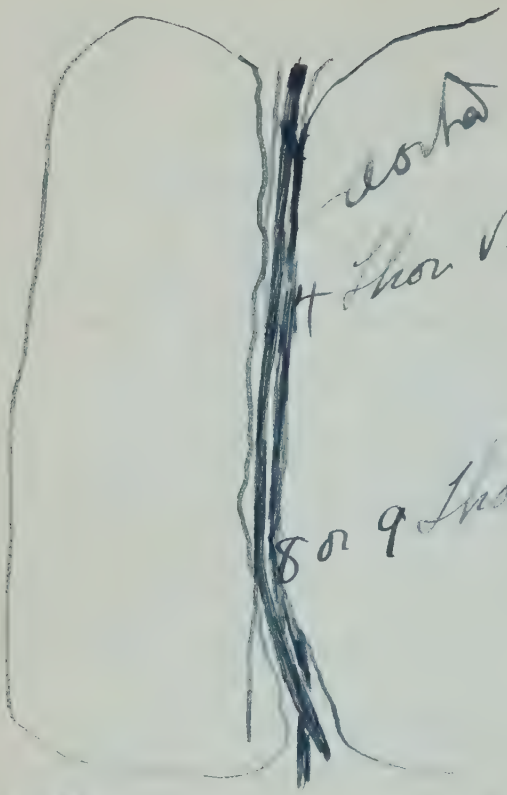
median line - Something intervenes between Rt & left lung - Descending Thoracic aorta.

Mediastinum -

Alimentary system -

Oesophagus - Does not lie above in Thorax - but Cervical - Thoracic & Abdominal portion

Situated deep in thorax, practically in middle line in bodies of vertebrae covered by art. leg. Found in neck slightly to left of middle line.



Get nearer middle
line to 4 Thor Vert
get to middle line.
Then in middle line
to 8 or 9 Thor Vert when
turns up arm to left.

Structure Post

1 Bodied Thor Vert to mouth
2. Coat common Leg.

near middle line.

3. Br of Symp. cord.
Great Smallest Smallest
Splancic - Great

Particularly 6.7.8.9.10 — 9 10 - 10-11

4 Thoracaduct.

note symptoms by pressure &.

across middle line.

5 Vmagygos Sup

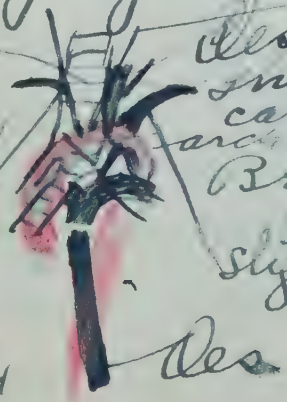
6. " " Inf.

7. Aorhic Intercostals

Oes - goes through Diaph. at level of 10 Thor vert. Infron of Thor aorta. Last structure behind Oes in Thorax

Lateral relations Pleural
Sacs & lungs inside
R side rather close -
L side. Descending Thor.
Aorta. Pleura related.
above & below on L/side
and all way on R side
Note ulceration of Oes.
Have to affect L lung.
instead of left.
Sup. Mediastinum

Resp system



Trachea
Bronchial cart.
Subclav.

Arch of Aorta

unites ascending & descending.

Arch of aorta begins - disc between 4 & 5th.

Ends at same place

Junct of manubrium & Gladiolus -

Ascending arch. aorta oblique.

Ort from - Left vent.

Two arteries lie in front of Trachea. no Dept

Ligamentum arteriosis shows relation of Pul artery.

Consider ant rel of Oes.

Surgery - Mine Oct 24/1

1 Diag { Eczema / Chronic Sepsis / Specific } { Ulcer / in mouth }

Tonsil commonest site of mucous condyloma.

2 Note Standing on Tip toe
Dest Inf cal Scapula Lig.
Girl 17 yrs.
Flat foot - Note Spasm
of Peronei - relieved by
Rest. Tib ant & Post become
stronger - also Plaster 3 wks
Exercises & weights necessary
and work given up.
N.B. Hallux Rigidus - Repeated
taps from short boots
Abscess arthritis -
Bunion - Subcutaneous
tissue.

1. Callosity - Physiological
2. Corn - Pathological - Pressure.
3. Bunion

Lymphatic spaces

Tension causes pain

Papillomas developes from
cutting -

Treatment - as mono articular
arthritis. Excision
if passive movement or
massage & no benefit. -
No ankylosis because
base of bone covered with cart.
Horse shoe - incision -
Flat foot - spasm of Peroneii
there is more flat foot - more spasm.
NB. Rest to relieve spasm.

3. Girl 12 years -
Physiological mastitis -
development (early) of
breast -

Jul 14. Coffmen Stone.

4/ Scoliosis - Of improvement on suspension - Report expected note knee flexed curve is primary.
Note 1 in 10 - leg on wrong side - in Lumbar curve.

5. Sodide & Guaiacum for sciatic arthritis of pelvis woman 50 — Subsiding to Sciatic movements on left under anaesthetic. Not done in knee.
Dipping of scapula & add'l flexion - object not so much shortening as excision of pelvis.
Jones & Lucas post - excision & Treat Trochanter and part of neck removed and Trochanter place in - Adhesive

umbr bone - neat & accurate
new joint made at Giordanis.
- Massage & exercise -

6 Boy 4 ns
Bone formation in R1
Tibia - Chronic Sepsis
Internal - Specific
Tuberc.
Bone in distinct by. x.
Sarcoma - Inner cortex
of bone
Note / syphilitic periostitis
usual / anterior in children

1 Ganglion -

8. Femoral hernia -
Strang worse than
Inj - more likely -
Timbers to Inj

Operate - cord tissue cut.
Standing out. Look for hernia
Tense and tender - operate.
No hernia } not tense
not a gangrene } fever.
Note color at opening good
gangrene of Epiploon.
To pull down to look.

Operate
Cooper's Leg

Incision
ordinary Leg.

- fascia of Pectineus
(coopers)

Put adhesion attached to coopers leg
not m. men.
Hern. sac not usual
adherent.
Sutures

9

Bac coli Pyelitis

Congenital cystic disease
of Kidney - always both
sides - not cut out.
unless - 1 too large
2 Infected
3 Bleeding.

Pyelitis of Kidney usually
clears up. not necessary
to operate.

Vaccine.

Urotropin no use.
unless urine acid in
Bac. coli best & urine alk
Pot citrate *

Haemarenal inter
lack of salts in urine
rather than excess of conc.
is very low

10 Congenital hip
or Coxa Vara
Adduct limited
flexion limited
Bryant's line shortened
Trochanter further forward
on one side, Trochanter
backward on diseased side.
May be Sep Epiphysis

11 Rhag D
Erysipelas
Cellulitis.
Ear swollen in Erysipelas
because skin affection.

12 Sebaceous cyst or
Dermoid Cyst or other
over ant fontanelle. If cant
get little black spot like
Dermoid.

Other tumors in feet
ganglion -

13 dislocation of humerus
pressure on inner cord.
ulnar nerve injured.
Inner head of Radius
Signs in ulnar area of hand
Paralysis of Radial comes
on -

Note - lesion in 5th cervical root.
breaks rule
1 No Sensory symptoms
2 (Atrophy)
Partial injury to 5th
atrophy of special muscle
of R. D. operate

14 Gumma of Tibia
with chronic Septic periostitis

15 Railway Spine

16 Movable body in Knee joint.

17 Test for hernia -
I finger up Inj canal w/ cough.
II Sit up - if body loose outside no hernia.

B in Railway Spine
Injury to Back.
Injury to muscle unable to stand up
Injury to tendons unable to stoop over.

Openshaw - Oct 28.

1. Consider Epiphyses or Periosteum of lower end of Femur - may produce Knock knee.

2. Shortening of leg - Paralysis Cong deformity of femur

3. Any neck following Breech Labor Rupture of Sacro iliac ligaments followed by contraction.

4. Tub. hip - Thomson splint 12 months after pain & abscess absorbs in 1/3 cases. If catch early no abscess forms. Not necessary to excise usually aspirate.

Wound cyanose under abscess
no old or recto.
Sutures removed - dressing
to work if done - according to
age.

5 Consequences ... Displ.
Affect column ... Shortening
Lower end of dorsal
Top " " "
Bottom " " Lumbar
Middle " " Dorsal.
Where spine is held & wrenched
Pain in bed. Abscess formed
Psoas — Lumbar
Gluteal
Thigh —
Tuberculous Abscesses —
Treat in Thomas splint.
If abscess - aspiration —

Genu Valgum –

Splints – jointed at hip, ankle & knee – Iron built into boot. Pelvic band + wrists & 1" for each leg – Osteotomy after that. Bones when set can be moulded.

Paraplegia – dish. head from carrying neck. Hand, bronate. Pronate spasm. Sbasm – Athetosis

Paddy tho' Vagas –

Spasm in Tendo Achilles, Peroneal muscle also – Tibialis Post. Bursa develops over ankle bone.

Calcaneo Cavus – Valgus Adducts Extension Longus – Form of Tib Post * Can't pick up adducta action (Varus)

Some vaccines called - more
sense Pertussis - long.
Note bad cold - produce
child sick -

9 Con equinus Varus - splint
(not as operation).

10 Congenital absence of Radius -
absence of thumb

11 Paralysis following
illness - in left side - Infantile
Paralysis - may recover 6-12
months - If child made to walk
after muscles develope -
Note Infant Paralysis - may
begin with cold -
Sore Throat.
2 Cold in nose
3 Paralysis
(Power to walking - in bone -
muscle may recover after many
years -

Teach children to stand
& walk - with support

12 Athyreodism -
Acinoteopsia -
Legs very short -

13 - When paralytic leg gets
paralysis in head.

14 Pott angular Spina.
Back not drawn - so not
recent - walks straight -
How old? 14 - had 3 years
5 years to grow - packet.

15 Hemiplegia - congenital

16 Head & shoulders removed
on Examination

wrist must be extended
& get full power of flexion.

17 Congental Idiocy (does not talk twitches)
Paralysis of legs - spastic
Teach walking - first automatic
then involuntary - correct contracted
muscles. Sp. sm Tendo achilis
(Biceps - adductors -

18 Artificial leg -
foot amputated - became
became black & twisted at
5 weeks.

19 Incarcerated hemiplegia -
child 4 years old.
Examine hip with patient
down always.

~~Dec~~ Hutchinson Oct 29 1.

Prepuse in Bunch in Morsum.
Hypospadius - Boy 2½ years.
No operation at this age.

Child 6 weeks old.
Swelling R Humerus.
Not tender apparently.
Elbow & shoulder Joints free
No signs of rickets.
Firm elastic fusiform
swelling R humerus
No syphilis. Epiphyses
free.

1. Sarcoma
2. Cong Syphilis
3. * Fracture with callus

Old blue scars in Tibia -
Man 71 - Bone not affected

Sinus over big toe which is
Rigid. First phalynx not fixed.
Two second toes absent as
result of operation probably
for hammer toe.
Thumb cannot be extended
fully.
Thorax contracted normal
breath - pulse good - Skin
reaction normal.
Sinus caused by pressure of ill
deformed foot.
What objection to operation.
Look over hammer toe

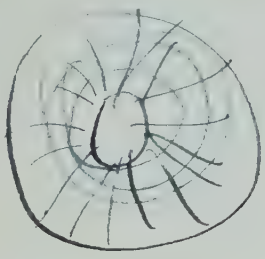
IV Child, 3 - girl
Off leg dragging when walking
Limited abduction + Rotation.
Fixation good - no Lordosis
(excludes congenital)
Coxa vara -
Rickets - Sept. Epith.

Thomas splint
no osteotomy till growth ceased.

1. Tuberculosis of Hip
2. Congenital Dislocation
3. Coxa Vera

V. Pt 18 - girl. no cause + clearing up without treat.
at 10 both knees affected
Chronic Syphilis - Recovery.
ulcers later - forehead
Neck.
Back
Lt arm.
Submaxillary -
Congenital Syphilis -
Nose depressed + wide.
No signs in eyes.
Teeth good -
Changes in soft tissues + joints
Keloid in soft scar -
Scars later in -
Mercury + Iodide -

Loss of Reflexes
Argyll Robertson pupil
Anaesthesia & Hyperaesthesia
Rhombergs Sign
Gastric crises
Ulcers = "



usually over 40
Sporadic.
Syphilis.

Vomiting - ask what med
taking - Digitalis - accumulative
Stop Digitalis periodically

X4
Look up painful points in
Sciatica.

Shoph- } does not raise perphery
Sp Amm Bron } tension ——
R. Trinitrin }

(IX) Chronic Granular Kidney
with Arteris Sclerosis
Headache. High pressure
Poss water at night may be
Nitrites Digitalis herald Uraemia -
Iodoret - lowers tension
(X) Bronchitis & Emphysema -
Secondary to mitral Regurg -
Treat cause. Rest -
Digitalis - when pt under observation
Tr ♦ Strophanthus -
Amm Spts mm 15
Liq cascarilla Co -
~~no meat~~ -
Water

(XI) Congenital Heart lesion -
girl 15 years - Muscle
fails occasionally
Pul stenosis - Syst murmur

Thread worm -
Salt water
Infusion of Quassia -
application of Ung. of Mercury
around rectum.

(VII) Early Signs of T.B.
Shallow chest -
Increased vocal & tactile
resonance - Prolonged
expiration (Elastic tissue
weakens) Crepitations or Rhonchi
increased on coughing - vice
versa disregard -
Rt apex most often affected.
Examine sputum -

(VIII) Breathless
Farm laborer. Short breath
on lying down - Cardiac lesion
Aortic Regurgitation - Stop alcohol.
Reduce diet - Digitalis raises
B.P. pressure (look for complications)

(Bones of skull increase in size.

Pituitary gland usually diseased.

Interference with Int Secretion

Gland seems to have function of regulating growth - Remember relation of Epiphysis

Pituitary gland ext -

or whole gland -

up to .2 grams T. I. D.

(VI) Ascaris Lumbricoides

Santonin 1-5 gr. Ext of plant

Live in ~~round worm~~ small intestine - No characteristic symptoms - worms have knack of getting into queer places -

Stomach - vomiting -

Bile duct - jaundice.

Harm - yellow vision

yellow urine.

(IV) Hodgkins Disease - Pt 7.

Glands in neck. Easily moved

Discrete - hard not

matted together - Slower growing.

Diag - Tubercle

~~Carc~~ Syphilis

No characteristic change in Blood

Examine Lungs

Opsonic index

To Remove gland for micro. exam.

Treat - remove?

Rays

Course - many glands enlarge

Spleen

Dyspnoea - mediastinal

glands enlarge cause pressure.

(V) Neurology - common

Complaint - Headache - disturbance

of vision - Diplopia -

Face - Lower Jaw - Hands Feet bigger -

Primary optic atrophy - Absence of Menstr.

Lewis Smith O.P. Nov 7/x.

(I) Acute Gout - Tophi
Visceral treatment
Colchicum - Gastrint
disturb - Cardiac symptom -
Dose mm XV — three a day

(II) Note eye shade to prevent
mechanical irritation - in
cases of Facial paralysis

(III) Alcoholic peripheral Neuritis
Knee jerk absent
Persistent alcoholic excess -
slow onset - slow recovery.
Vagus & Phrenic nerves may
be affected - note also alcoholic
cirrhosis

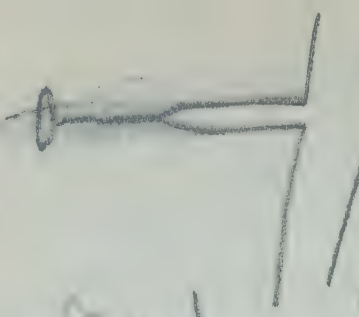
may be dilated continue.

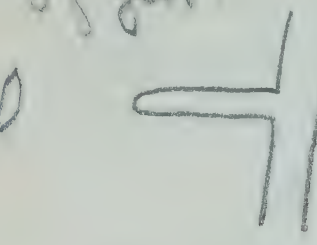
Note usual cystic - Urogenic canal closed in certain parts.

Extremities cold before cutting.

Limb in child lapses In adult - depended down & back - in act of Bladder In child abd viscera. Bladder descends & pulls of viscus - or umbilicus.

Level of limb - drop between 3 & 4 Lumbar Vert. Pain of life lower —

3. 

4 

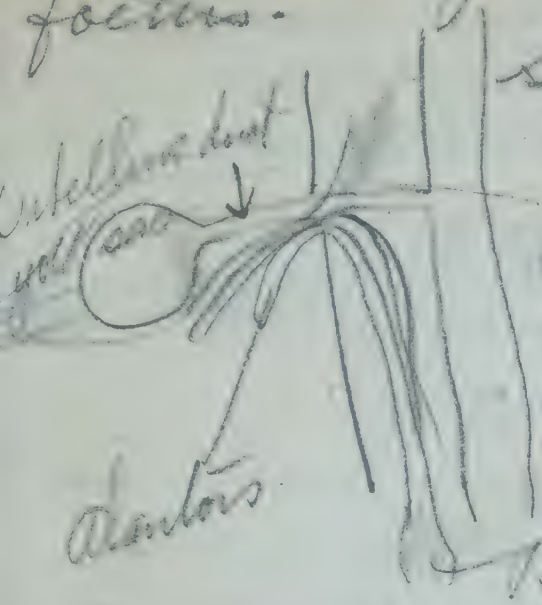
5.

Urachus & Bladder

urinary fistula - failure of allantois & urachus - normally the former obliterates & forms fold and from umbilicus to Bladder.

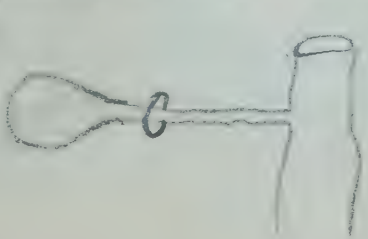
Bladder may remain open with urachus - which

And walls of abd. cavity.



Surrounded by gelatinous sub. Wharton's jelly.

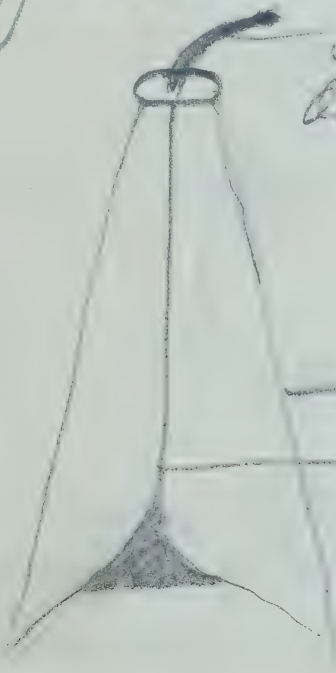
Congenital defect is common.
(Yolk sac & vit duct don't close)



may bend. Vit duct rare yolk duct

Vocal cords not affected.

Umbilicus
scarring on surface
abd & on part of surface
of ant abd wall.
Remains of foramen -
Structures
from post view - 4 cords
Lig teres
obl umb vein
obl hypo
wrinkles.



Hernia congenital.
in Lumbar & gynalo-
2. Indirect
3 - Outer form of Hernia
4 - Inner " " "

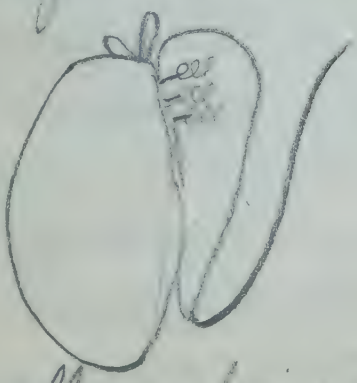
Impaction into scrotum
testicle - descends
to but abd ring through
Inguinal & Enl abd
Enl abd ring 7 month
after birth
Enl abd ring 8 month
after birth in scrotum testicle
before birth
Inversely low mammals
testicle in abdomen -
Heart to escape pressure
in abd -
2° Sluggish stream of
blood but adapted for
function of testicle -
Important from point of disease

Very vascular. Inter
dartos & epidymis. whole
scrotal contents 20 feet long

Section across scrotum

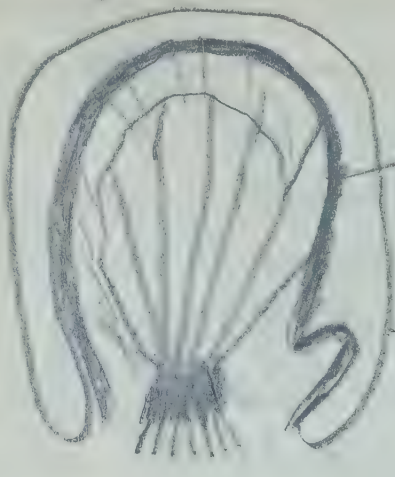
under scrotum is fascia
containing muscle fibres
represents Ist & 2nd + dartos
fascia 2 Cartos fascia - sends
septa more or less complete
3. Ext sperm fascia
4. Cremasteric fascia
5. Int sperm fascia
6. Tunica vaginalis
7 Tunica albuginea

Sinus mediastinum -
Ducts from rete Testis
& Epididy. - Vasa Efferentia
16 - 20!
Distrib of Blood vessels -
under surface of Albuginea
& on other side of Septa -
Spermatic Plexus dilated Veins
& thickened in size. Returns -
Warmth. Expulsion from
vessels. More painful than
Inflam of Epididy - which
is now liable to be associated
with Hydrocele



Vasa efferentia enter Globus
major & coiled tubes - coni vasculosi
conical masses. Seminal vesicles -

Anatomy - Wright - Dec 7/1.



Tubuli lined with Septa continuous with each other at Mediastinum Testis - Septa continued with Tunica Albuginea. Thus structure is not found in Epididymus

Seminal tubules 2 in each compartment - Tubuli contorti 10 deep - Seminal tubules unite into vasa Recta - These are smaller than Seminal tubules & dare straight - unite into Rete testis - which is

Hyp. left Vent.
many of cases with Art. Scler.
have dizziness by reason of
unequal supply of blood to brain
Ato Sclerosis -
coverts of bones forming ext
ear. Interference of funct.
common of cause of
Art Scler is Syphilis -
Iodides -
NB - Calcium lactate
Epileptic - Vaso motor types

3 Erysipelas -
Infect fevers
Local - Gums - nose - Piles
Aortic Incompetence
Venous cong.
Art Tension with Gran Kidney
Cirrhosis of Liver -

Note Growth of Frontal lobe may produce peculiar Symptoms & no paralysis -
Note other cond. which may look like Canc of Stomach - Chronic Peritonitis & Perihepatitis -
may be difficult to know canc of Stomach may be chronic ulcer.

2. Pain in back of neck -
Headache -
Dizziness -
Buzzing in left ear -

{ Head worker / ring / Iron. } Great Eastern Railway

weak Hrt & by pressure

Murmurs in Hand -
Cardio sclerosis -
Hard pulse - in Brachial & Art sclerosis or Aort Regurg.

Lost of lazyness in articulation
Slurring - difficult, in
beginning speech.
Slurring characteristic.
Slow in answers question
which require thought.
Loss of some memory.
Outburst of Extravagance
Not all incurable cases
Diag from Tabes -
Not good to

Pathology
a. Coa necrosis
1. Gran tissue - Iodides effect
2. Later fibrosis *** no effect
1 Tertiary
2 Para syp.

Wasserman
Tertiary { Blood - +
Cerebro Sp flood -
In Para both Positive

606 - not used in Tertiary syphilis.

Pupils dont act to light
Speech affected
Nemalopia
Mes. Sclerosis ?
Scattered muscular lesion.
Impairment of functions.
Pupils unequal
PG. Chronic tuberculosis
30-40 — men more than
women - and active life
about prime of life - Syphilitic
origin
1. Disposition changes ***
Loses facility
Work.
Interests of world
Stay pour fit
Argyl Rot pupils common
Tremors alteration in speech
& writing - Slowness of letter
Spacing of letters words
deformed

1. Look up old perforating ulcer
Ffoot.
2. Herpes Zoster -
Miller - Medicine - Op. Sat. Eve. 5.
Pl 36 -
Loss of Speech -
Testing memory - Knowledge of Past & recent events
Testing nerves -
Hands out in front - for co ordination
Pressure - hand grasp
Knee jerks - Babinski Ankle clonus
Test Expl. Lids -
Sensory control - Knowledge of words & say.
Testing pupils - for
Argyll Robertson -
Best method & note -
incoordination is to see patient
but on a table off shock
Left pupil larger than right
Longer nervous
Knee jerk increased
Pupils inactive
Upper part of face - Right Side

3 Pt. 6 years Last 3 days
Pneumonia may
simulate abd disease -
Vomiting - diaphragm not
much used. May also
simulate Pleurisy
Appendicitis & Pt. to be watched
may be no hands. marked
tenderness.
Rapid Shallow breathing
Pt. sits up.
Vomiting
Hist of Pneum.

4 Migration of pneumonia -
Note that Pneumococcus
may be present in other portions
of body eg Lungs
Dull note Tactile Vocal
fremitus & Percussion, Friction

1 Hutchison Dor 5/ ✱
Limit of blood red cells
13·2 million on C. In
Patient with 10 million
Blood not very fluid.
Polycythaemia

2 Enlarged Spleen
Myeloid Leukaemia 1
Large spleen with Lemf Gl had 2
Ulcerative Endocarditis 3
Malaria ✱✱✱
Rigor Daily - Less in alternate
days -
Quotidian
Tertian - (Vivax, **
Quartan -
{ Plas. Vivax -
Plas. Præcox -
Plas. Malariæ -
Quinine Best in Sol

Stimulation of growth from
Coordinating force -

Osteoblast forming
Periosteal - by certain forces
Power of laying down bone
In acromegaly not regulated.
Cartilage disease - to the
Epiphysis
Pituitary influences

Coordination in acromegaly
lost -

Where pressure - hypertrophy
Where tension -
Osteoblasts sensitive -
To these forces.
Note Giantism - in youth

May be trophic influence.
Cranio pharyngeal canal
Often open in acromegaly

tissue remnants - thought by some

Physiology - Schafer

Development of cat brain pit body -

Clinical 1886 - Marie Jenica

Specimen 1827 London Hospital

Birmingham 1819 Edinburgh

Changes of face hands feet but no. Salt & body osseous -

Acromegaly in giants - Large frontal sinus -

Increase of Mamastoid diameter - fixation of Skull to neck - fixation area pharyngeal spine to ey Occ. Prom. between mastoid

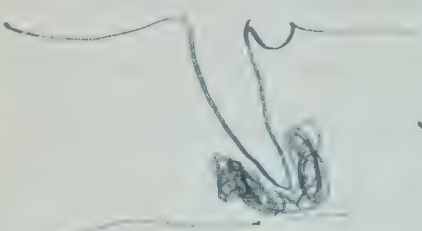
Occ Prot bone -

Bones of head (porous)

Jaw, lower undershot,

Lower jaw at facial artery - internal chancer.

Blood Supply - great mag.
Cerebral
Dwarfs slow growth brain
up growths - bare mouths -



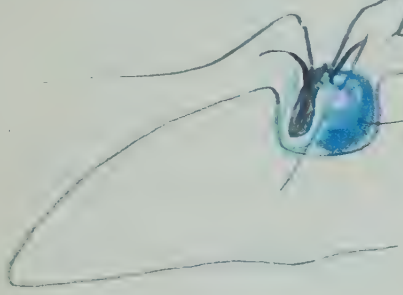
Tract shortens

Sometimes remains open.
Cranio pharyngeal canal.

always open in Chimpanzee.
Caledonian islands -
50% of Acromegaly
Lymph tissue begins just
behind nasal septum
always contains pituitary

Kernig - Tache cerebrale.
Loss of Bone could on diseased side.

Royal College of Surgeons -
Pituitary body



Vascular surrounded by glandular tissue - (Pars Intermedia)
Cairly - remnant of duct filled with colloid -
Removal of part followed by death -
Arachnoid lost on pituitary part lined over to sub arachnoid space.

Tinnitus & convulsions
Inf. of and nerve eq-
uals to Bromides - large
doses - find dose which
causes depression. Occasional
excitant.

Iodides -
Test. Wassermans
Test eyes for pupils & paralysis
Test for extension & flexion
Make Prog. conditional -
Duration 1/12 yr.
abroad?

Status Insania - frequent
recurrence - Limbic
punct sometimes recover.

Acute otitis media -
Pt becomes giddy - watch for
labyrinthitis -
& cerebellar disease -
present being moving.

Pressure
convey to
middle ear -

Cerebellar disease -?
- nystagmus
- Reeling
- Aloing one side.

Case - cerebellar tumor
removed - vertigo produced
by rotation - rest way
of rotation also pointing
in that way -
Lesion of one hemisphere
does fails -
Use of normal labyrinth
indicg of cerebellar disease -
Treatment - remove cause
Ext ear - cholesteloma
Indrum drum - Inflation -
Cholesteloma
Other causes Disease in Ext ear

Menieres disease - 4 cases
Tinnitus
Vomiting
Giddiness -
Middle ear Normal -
15th case - Sup. semi circular
canal - eroded -
Scott. Drain hard - no fluid
until 2nd Myringotomy -
Fluid sterile -
Cerebellum ~ 7 + 8 nerve -
fluid - paraarachnoid -
Looked normal - Remove
drain properly -
Thin plastic eroded
in Sup. semicircular canal -
(Infected) Strepto.
Rheumatism -
Fracture of Skull may
cause giddiness -
fenestra rotunda -
rupture round window

Pellagra -
Paralysing vertigo.
Laryngeal -
Gastro-intestinal.
Middle ear disease - not
labyrinth - Note thoroughly
retracted drum.
Evidence further for semicircular
canals - Note - rotating
table - fluid in canals
moved - pt giddy - pt may
not get giddy -
Galvanic current through
head -
Absence of abscess - labyrinth
Heal a cold dear -
Vomiting common
with vertigo -
Note reeling to opposite side -
due to pressure of tumour

Cerebellum - con with
Mid brain & cerebro motor
Semicircular canals - & vestibule
& be considered -
Sense of position disturbed
hole for eye movements -
reflex & recovered normal
position -
Fractured & pure cases
conscious of position of head.
unconscious " " body.
Semicircular canals not only
organs for position - others
& nerves - & calp nerves
Judge pos of body in pos. of
head - well protected.
Clinically most important
organ is semicircular -
Tumor of Cerebellum.
Vascular lesions &c -
Frontal Tumors.
Of motor muscles
Gen. diseases

many cases of cervical ribs without symptoms.

4. Facial paralysis in child year old.

Common cause middle ear disease -

Like ant poliomyelitis - some cases - febrile attack in August. - 7 nerve nucleus may be picked out. circle around the nerve nucleus.

Vertigo - Scott.

Ear commonest cause. usually assoc with other ear symptoms - deafness - tinnitus of Bone conduction absent in Lower cases 96%.

Giddiness - dizziness - synonymous -

State of consciousness of defect of afferent impression. Change of protoplasm due to.

Gradiyan's case
Cubis nomads
No known difficult speech -
Rare as cong. attacks in
G.P.I. -

Both may be intracranial
lesions. If optic neuritis
in cham of discs - question of
Gumma -
Ask Syph meningitis -

(3) Pain in arm 7 months
wasting in small muscles
of hand & fore arm -
Anaesthesia - gen. dysesia
not limited to 1 dorsal root.
~~Ortho~~ Knee jerks present.
Possibly cervical rib XXX
2 Syringomyelia
3 Focal -
Question of Syringomyelia with cervical rib - } Knee jerks normal.

also - loss of sense over chest - and dorsal - Some cases of diag value.

Muscular Sense (in calves)

Pains -

Etiology - Syphilis

Wasserman reaction -

Treatment - Mercury & Iod.

Keep eye on teeth (Have them tended to.) - No ataxia - No massage or exercise necessary

(2) Pt - hist. 10 months

loss of power - rather sudden

fainting attacks

memory deficient

Laughs & cries easily

Inattentive -

No definite weakness of cranial nerves - discs examined -

Increased reflex - Ankle clonus.

Babinski - Leg in Pyramidal tract both sides

Arteriosclerosis - G.P.I.

Clinic F. Smith Nov 3.

1 Cirrhosis of Liver
2 Chorea -
3 Broncho Pneumonia -
4 Infective Endocarditis
5 Hemiplegia (aphasia)

Pathology 4.00 P.M. Nov 3.

T.B. of Kidney

National 4th Nov. 1910

Out patients -

Look up foot areas. Tubes.

1) Int - Facial Cruris
Diplopia
a Loss of Knee Jerk.
(Fundus & Eye Reflex) not sign.
a Argyll Rob Pupil -
a a very strong Symptom
bilateral Loss of Painful Stimulation
common in Syphilis -
Y - a sense of location.

Starts usually in scalp - may last only time spreads to body - sticks pretty close to middle line.

front

back.

Eczema Rubrum - ery-
sipelatous - red - not particularly
hot.

Pustular Eczema - common
in children - Face -
Mask area — 1

Consider 1 microbic Eczema -
crack's & fissures at angles of mouth -
School children - Kept up by licking.
Not epidemic - Cocci

2. White pityriasis -
Scaly patches - circles often
seen through sunset - Cocci

3. Intertrigo -
folds of thigh - groin - factors
Cause - may become Cocci.
common in fat babies -

4. Seborrhoea - cracks &
fissure infection -

5. Sycosis Eczema -

dermatitis caused by friction or turpentine is just like this. Condition now. Microbic - Serum exuded no ideal culture ground for cocci. So skin often covered with pus crust. (cell infiltration)

Boracic wash - Bath Boracic bottles before treatment —

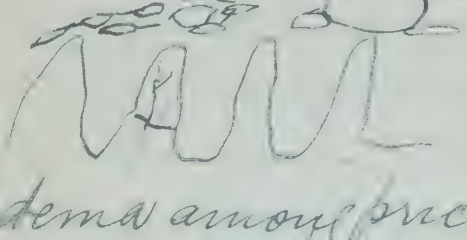
Clinical

1. Erythematous - acute
2. Papular later
3. Vesicular (classical)

1. adults - face - male eyelids may look like Erysipelas. Temp pulse temp normal. Not well marked Edge. Eyelids may be swollen - lose contours - Psoriasis Sp - scaly - recovery chronic
2. not Papular - or eczematous
3. Vesicular - weeping - in varicose veins -

Pathology

Spongiosis of Epid. part of epidermis



Oedema among prickle cells.
Tiny vesicle forms among prickle cells - vesicles at tip of papilla
Large number of vesicles together
Dilat of Blood vessels - Erythema
- cellular infiltration -
Erosion of top of vesicle - Serum exuded - (weeping) Neutrophil, Lymphocytes migration cells - coagulates easily
Change in horny layer - no tendency to healing {Parakeratosis}
May be scaly -
May be increase in papilla - {Pickenization} -
Paralytic distension - Eg. Rubrum

Causes -

*a Local predisposing causes

① Very dry skin.

Xeroderma

Ichthyosis

Irons & alkalis in winter -

Arsenic Lead & Iodine

② Abnormally moist skin

especially sweating - Electors.

③ Sugar in urine Glycosuria.

Eczema of Vulva or Balanitis

④ Chronic congestion

Varicose veins -

*b. General predisposing causes

1. Age young & old

2. Heredity?

3. Alimentary canal.

(Dyspepsia)

Baby - Dyspepsia - Overfed plethoric -

Meat foods - chronic constipation

4. Glycosuria & chronic renal disease

5. Nervous.

Gumma may simulate
chronic lupus Vulgaris.
wassermann positive -
Secure

Eczema - Term applied
non microbic inflam of skin
caused by
1. Local Irritation
2. Internal causes -
Toxic
Nervous.

3. Predisposed persons.
Must be considered with
constitutional peculiarities -
Surgery -
Suppuration
may in some predisposed persons
cause spreading dermatitis - (Eczema)

Treat - no obvious irritants -
a slight which would not bother
normal person. -
Wear & tear of mental work

1. Acute cyanotheme
2. Subacute cond.
3 Blood Pernicious anaemia
Savory cf.
4 Sec Syph + Leb.
5 Local Mucous Sems.
Heart Vessels
Brights
Hepatic -
Ulcer & Yellow atrophy
Chronic
6 Idiopathic - small haem
8. Assoc with Bac. mucosus planus
Pure Haem
9. Pernicious Anaem (Pernicious)
Eng with Cancer & Haem
arthritic disturbance
10. Hemorrh per Sanguinem -
many visceral lesions.
rarely fatal

most common situation
Post mediastinum

Compression symptoms
Tumors never pass over
endothelium which is untouched
Ulcerations & haem of Bronchi
tubes -

Note pressure on pneumo-
gastric nerve - vomiting.

Arsenic & 3 gr
Vin Opium 5 min.

Extremely difficult to diag
between tumor & aneurysm
& pleural effusion

Vocal fremitus increased -

Skin Nov 3 Sequera
Purpura - Haem in skin
does not disappear on press -

Tumors of chest which give rise to clinical features nearly all connected with lymphatic system.

1 Lymphadenomata - Increase of growth of glands (lymph) - at Bifurcation of Bronchi - Root of Lung -

2 Lymphomata - may occur anywhere - 3 Lympho Sarcomata - rapid increase of lymphatic tissue anywhere.

Cancer - prim from Oes - 5½ inches down from Cricoid Bifur. of Trachea closes Oes.

Prim cancer almost always from Oesophagus.

Sarcoma of Sternum -

Brampton Nov 2/x.

Intra Thoracic Tumors

Do not always exist in mediastinum - May be primary or secondary in chest

Secondary rarely of much importance - Exception - Lymphadenoma -

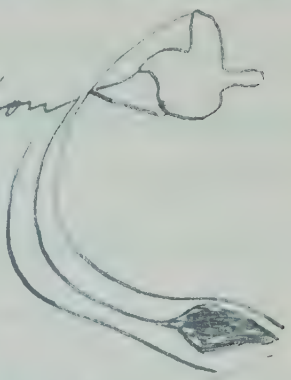
Sarcoma nearly always secondary we are warned -

May be all kinds of tumors -

Fibroma
Lipoma
Enchondroma
Actinomyces
Adenoma

Tumor always malignant & destructive when in chest because organs very vital -

Coloration of urine.
Urine - Color. - 5 to 7 units -
& Cubis
Ext Col. & Lower ends + Ld horse.
Int Col.
Transverse pouch
Linea alba.



Below mid point Peritoneum unit
& veins - very thin sheath of Rectus
Nerves in Linea alba may be
followed by naked hands -
Trocar — through
Peritoneum
sheath -
Gall bladder incision pr appendix
Nerves may be cut.

Aorta about 4 inches
Side - little above umbilicus
Iliac vessel - mid point of
Poupart's in. 1/4.
Caecum epis - 1/2 toward 3 sacral
Spina iliac ant. sup. 1 ad. cristi.
Iliac vess. 1/2 above epis.
Ureter above crest of ilium.
Int ring 1/2 inch above mid
poupart's.
Epig. vein 1/2 inch to r. of mid
of back. Inter boundary of
Hesselbach's triangle.
Superficial fascia -
Cooper Scarpa's
Camper.
Intes vessels to left and right
of cecum

Note firm growth in
Iroleum often has
Pleuritic effusion associated.
Inhal of Irritant gases -
Foreign bodies
Syphilis.

Applied anatomy Warren

Abdomen —

Abd - ant sup Spines -
Crest of Ilium.
Lower marg Ribs.
Umbilicus
Note of belly - infant
Sandulous - old people
Linea Semilunaris - ...
4 cost cart - to Umbilicus
Belly of rectus - 3 4"
Space in Rectus - 3.
Crest of Ilium level - 3 4 vertebra
Vert - Lumbar puncture.
Spina of Pubis felt easily
Invaginating Scrotum

History woman -

Diplopia years ago
Argyl R. pupil -
Optic atrophy
Present Knee jerks.
Articulation not clear
may be G.P.I. in
early stage -

Treat with Iod & Mercury

Royal College of Physicians

Results of ~~Comp~~ Obs of lungs -
1 Decreased in size -
2. Hyperresonant
Suggestions small -
Diag between aneurysm
compression & Bronchus - Pleural
& pneumo thorax -
Both early - in malignant
disease -

2. Iran 38 -
- Argyll Robah
- Optic atrophy (Toxic acc)
Loss of Knee Jerks
- Central scotoma & colors -
Tope amblyopia -
Lues sometimes
present —
Note absence of pains -
Sphincter good.
Note Tabes optic atrophy -
may affect more than
one member of family -
History of Sp affection complex
superadded Pupil - loss of Jerks
optic atrophy may occur
in Tabes though rare - may
be present without or may
Tabes signs -
also G.P.I.
" Des Scler - different
from Tabes
optic atrophy may be beginning
of G.P.I. -

may be Sequel of optic neuritis.

If slow affection of Sp cord
Slow paralysis - Prog better

Babinski - in deg of lateral
columns -

2 Frequently leads to Hemiplegia
may be cured -
1 Syphilis Pachymeningitis
2 Injuries -

Post 2 Sudden onset.
Interfer spasm.
Bedsores

1 Slower -
Bladder sores

Affections of cranial nerves - 3.5.7.
common - peripheral nerves
not commonly affected

followed by Thrombosis & softening.

(Common nerve) - commonly affected 3rd - in Syphilis.

Ptosis
Ext Strabismus
Dil Pupil -
Treat. Pot Iod - improve

Endarteritis - slide
1 Thick wall (lumen)
2 clot formed. none
3. New tissue none.

Cases — I

Man 31 - Hemiplegia
Improved - Then sudden
Paraplegia + incont of urine
Sp. history - Thrombosis in Small vessel in left Hemisphere
Caseosa - Then several growths.
Compare Syphilis
Prog not too good

15 Facial neuralgia - followed by paralysis -
Eye brows -
Laugh -
Taste absent on one side -

16 Memory & speech affected
Not steady on feet -

Taylor
Clinical cases -
Syphilis of nervous system
Shows -
1 Thickening of membs
2 Block of vessels
3 Gumma -

1 Gummatous meaning
Softening underlying
Memb thickn. -
Hist - Hemiplegia
Series of fits
2 Thickening of vessels -

which will get better without

III Hydrocephalus — terror at night
Secondary
Loss of upward move. eye
Loss of light reflex
Hydrocele
Alarm watch - screws up left side of face when grasping
1. Congenital cont
2. Secondary -
Syphilis of cent.
Adult - Pseudo Tumor
Obs - Dizziness - Symptoms may get failure
- Retraction - Division of optic
- Fits - usually unilateral
Third ventricle)
Cong - acc. no extensor response

11 Tenderness
Loss of weight
Swelling
Neuralgia
Pain in arm -
Root
Area - consider
Foot - or general cold sensation.
Shoulder joint affected by Arthritic change - no pain or pressure which is present in nerve affection.

At climacteric period - symptoms aggravated in subacute disease -
Angina Pectoris - no tachycardia - Heart could intermit.
* Paralysis of Vagus may bring down pulse.
Cases in which operation is necessary are cases

not increase in deep
loss of knee & ankle
certain deformity -
pes cavus - like Friedreich's.
Reflexes less on left side of
body - Romberg & pyramidal
reflex on left side with
extensor weakness on same
side -
Some scoliosis -
Ataxia as Friedreich's ataxia
but not typical -
Look out for Diffuse Sclerosis -
Split between two -
1 - not good Ext response -
2 Typical deformity feet
spasm slightly
3 Defect in speech no
ataxia of upper extremity -
4. Prof extensor develops
deep reflexes disappear
Tubes may be associated -
Pupil sign -

National Vol. I —

I 37. weakness in left leg - clumsiness - numbness in arm.

Slight weakness of left side of face. Speech not normal - drooling, chewing gum in mouth, nystagmus.

Motor foot - Z Cerebral disease proved by nystagmus + Speech defect in Cerebellar.

Reflexes good - Babinski

V - dec in perception & in sensibility back. Post - ascending cords involved

Family disease - no history

Ataxia - manifest
Nystagmus
Speech.
Gait
Reflexes - Extensor plantar -

Banti's disease.

Enlarg of Spleen + Anaemia
If severe may be followed by
cirrhosis fibrosis of liver + symptoms -
Spleen very large. fibrous
increase of reticulum - malpi
fibrosed. hyaline nodules -
Liver - lobular fibrosis -
Cases may be cirrhosis of liver
+ enlargement of spleen
Throm of Portal may cause enlarg
of spleen. Or if Splenic vein
only thrombosed -
Island livers may also
have an association with
enlarged spleen -

Note Splenic Anaemia.

Sugar icing Spleen -
Perisplenitis - no fibrosis
with icing of liver
Chronic peritonitis.
Polyserositis -
Polyserositis - ascites

may be - pancreatitis -

3. Mechanical irritants
4 Organisms & Toxines
1 Spirochete
2 Filtrable cattle -
B.C. com. diffuse fibrosis
3 Scarlet
4 Measles.
5. Acute Yellow Atrophy.
6. Lues both necrotic & fibrotic
necrosis - areas fibrosis
& regeneration.
Any thing which destroys liver
causes fibrosis -
Common forms.
Too much fat like liver found
in alcoholic.
Also fatty with slight fibrosis
Scars fissures - Syphilis
hypertrophic Cirrhosis

Etiology in cirrhosis of liver.

Essential -

1. Fibrous tissue compresses liver cells - old injury.
2. Distrust of Parenchyma
3. Distrust of Par by inhabits (not necessarily place)

Causal -

1. Ingested poisons -
   1. Phosphorus.
      fibrotic - nodular liver
   2. Arsenic.
   3. Turpentine
      Phenol
   4. Alcohol - most common -

Indirect cause - rare in all alcoholics but cirrhotic liver common in alcoholic - contributory cause

2. Alimentary - Indigestion.
   Children - rickets
   2. Bacterium
      jungle common
      Spirochaete -

Obs Other causes -

1. Adults clinically rare
chronicity necessary.

Rather sudden flaring over
little known latent -

Green staining of urine not
obvious - on exposure to water or

2. Congenital without extrinsic
Severe jaundice passes into
chronic. Recurrent
Like Gaunt - Is usually in
Common bile duct.

Inc. Chronic Hepatic fibrosis
Renal canaliculi
Most cases not syphilitic
Enlargement of liver. Which
does not occur in adult type
Not by stone.

Fibrosis of liver.

Large liver

dk red & buff color.

resemble Hobnail-

Ø coll. ct first in cells at periphery of lobule.

Spleen enlarged. pigmented

Pancreas pigmented - fibrosis

Symptoms -

color of skin

Diabetes Ø fib of Panc.

with ordinary cirrhosis

of liver.

Etiology obscure - Irritation of pigment causing death of adenchyma cells & formation of fibrous tissue

Antimalarias rare

Hum Symptom Anaemia Apiastic
ascites absent at first
Anaemia severe.
Marked fever
Spleen large -
Liver progressively larger.
Younger people affected 20-30
Transient cirrhosis
Occurs mostly in districts
in France -

Etiology -
Malaria
1 Haemosiderin - iron reaction
2 Haemofuscin - no iron ..
1 found in liver
Pancreas.
Lymph
Nervous tissue
Heart & Skin

2. Connective tissue. May found in
old people - in liver - accumulated

IV Organisms - their types
1. S 2. Pictou cattle
3 scarlet 4 measles
V Acute yellow atrophy
VI Invasion from necrosis
fibrosis + regeneration

Rare forms -
1° Tumor Biliary often called
Hypertrophic biliary cirrhosis -
extremely rare
Mac! liver very large.
Hard - leathery - tough -
Morocco leather -
No pattern on cut surface.
gray yellow color -
Described is mono-lobular cirrhosis
also imbibition -
Bile tissues remains cellular
Liver cells show little sign
of destruction - because regeneration.
(pseudo bile canaliculi -
Suppose to be biliary acc[illegible] but [illegible]

Pathology. Summer Nov. 1.

Liver with recent exposure -
Chronic Perihepatitis
Spleen with recent exposure.
Chronic Perisplenitis
Terms
Haemochromatosis
Diabetes Bronze. } Pigmentation von Recklinghausen
Haemosiderin
Haemofuscin

Aetiology { Necessary Factors
1 The essential process
2 The causal agent.

I Ingested poisons -
Phosphorus
Arsenic 1900-1
Fulgurin & mineral
Alcohol
Epidemic

II Aliment. - 1 Children pickles
2 Brahmins

III Mechanical irritants
Anthracosis
Silicosis
Haemosiderosis

Sulphur 1 - Aqua 7 -

Comedones on face.
Acne Rosacea -
Lupus Ery.
Eczema
Tertiary - Wassermann test -
Lesion on flexion surface of leg -
Anything out of ways as Diagnostic
ipient of Acute Syphilis

Tobacco Bac. Mucosa.
Glands enlarged & hard in
suppurate -

Acne variolaform
Comedones in infants

Balsam of Peru 0-5/5
Sulphur 5-5/5

Acne rosacea
Lupus Erythem } Face
Elephantiasis } Extremities

VII Note distribution
Descent from
Note descending from head-
some have affected by strepto-
coccus?

VIII Beyond this permutation
Scaly eczema - dry, subacute
Iron deficiency pleading
It may become oozing
Pustules - discharge -
Eczema - Lesions specific
colonies Wet Stahl - Lemonade
Antiseptic remedies -
Sulphur
Sulphur. Resorcin
15 gr 15 drops -
Sulphur - Ess - Lemon

I Skin Div 1/X

Small spored ring worm - Scalp. Ashen gray color - short hairs little stubbles -

II Rodent ulcer - treated by Radium Good results -

III Secondary macular syphilic not scaly - Diag from Polymorphous -

IV Psoriasis punctata. increase in size - Liable to recur -

V Tinea circinata

VI Rubra healed - certainly involves corium leaving scar

Not. Eczema, Psoriasis, Lichen Planus, Impetigo does. Traumatic Syph. Malig. Tubercle. Sup Erythem

2. Unfavorable for recovery
Place where care given
begins in pharynx.
Secondary glands - fibrous
appearance
Care of larynx usually begins
as tubercle on vocal cord.

Cric -
Thyr -
Cuneiform
} common sites

3. Portal cirrhosis of
Liver - Spleen infected
and tough - due to increase
of Reticulum - Varices
due to Stasis - Back pressure
Not in Heart disease

Surgical treatment in Treatment
& hot waters - Rf Ulcer -
Alkalies - Bismuth - causes
constipation - Sod Bicarb causes
flatulence -

Magnesium Hyd 15-30 gr
Mag oxide - 10-30 gr.

P.M. — Oct 31/1.

Cerebral vessels are found
in lymph channels -

N.B. in meninges at Base
Lateral ventricles dilated
it B found also in ume.
Minute yesterday bodies
resist Lg dashing. Hard
& sticky from Inflam
ation of spleen -
when abd open look
at liver surface -
Liver hypostatic Bronchopneu

Note Peritoneal Cavity before opened.

4 Tape worms -
Parts passed in stools
Lives in small Intestine -
Mediocanellata commonest
form in this country Head
unarmed - No characteristic
Symptoms -
Treat Empty Bowels -
Vermicide ↓
Filix Mas - Liq Ext 3 i
Secondary purgative.
If head does not pass - worm
treatment in 3-6 months.

5 Pul. T.B. often begins
as Indigestion -

6 Pain in stomach
Look at left
Hyperacidity
Thin p.s. poor circulation - may
be slight albumen

Treatment -

- Iodine - counter irritant
- massage
- Sod Sal -

3 Pleuritic Rub -

Occurs on Inspir. & Expir - Superficial - Stops when Resp. stops. -

Pain.

Fever -

Friction

Position of rub

Rt spitting blood may show T.B.

Diag - T.B.

Pneumonia

Rheumatic pleurisy

Sen Kaeruda -

Prim. Int Pleurisy prog. fair.

2 Boy — 8 facial paralysis
Test Eye
Wrinkle forehead
Tongue straight out
In hemiplegia upper part
of face not affected as in
Bell's Palsy - Involves
nerve trunk -
Ear disease
Tumor Parotid -
Injury
Indigestion opening abscess

Bells: Idiopathic -
Facial paralysis with parotid
— malignant
- Cold
Prognosis variable
Elect React -
Lt R.H - 18 months or never
Slight - 6 "
Home 6 weeks -

In this case no extreme dilatation -

No Vegetables
Meats dry -
Meal dinner

Smith - Oct 3/x.

I Cong heart lesions -
Only one can be definitely diagnosed - Pulmonary Stenosis
Patent foramen ovale
Patent ventricular septum
Murmurs usually multiple.
Children with care grow up
Bronchitis
Catarrhal Pneumonia
Inf of Lung -
Clubbing of fingers
Haemorrhages -
Poor circulation.
Convulsions - Rage -

8. Persistent Tachycardia
1. Graves disease (latent)
2. Tuberculosis card.
Alcohol ∈ (3). Dilatation { myocardial degen.
Lessen irritability
Increase tone
Increase cont.
Digitalis - may have no effect with degen. of heart

Q. 47½ Judgest 12 years —
Adolescents
Wound - Pain Stomach Suspicion
Gastroplasty - Lower abd. pain

Hammock stomach - Inflate - Fattening cure - rest!
Abd. belt.
Saturnism
Chron. Pod.

Displacement stomach may be due to Ulcer.
Pyloric stenosis - obstruct at Pylorus - would do gastroenterostomy

6. Acute Rheum - Subacute
Pericardial friction -
Systolic murmur & post Systolic
Big effusions into pericardium
usually present.
Rheumatic remedy req -
- Salicylate 15 gr
- Bicarb Soda 30 gr every 4 hrs
Good to combine because
acidosis may be caused.

P132.
7 Acute Synovitis in one
Knee Hot Swollen -
" Acute Rheum
" Traumatic
" Tubercular
Note question of Influenza Bac.
Swollen - Veg discharge
withdrew fluid - relieves pain
Bad regain -
Scotts dressing -
Linim Kyd Co. + Camphor

Varicose - Aggrd. Pregnancy

5 Pleurisy & Pleuro pneumonia
how when fever continues
how pus formed?
Dullness & Absence
Crepitation Resistance
may be fluid
Vocal fremit. defunct & fluid
fluid - may be present in
thickened pleura -
Breath sounds present.
May be hidden collection of pus.
Do not hurry for it -
Treat by expectant plan.
- Feed up - Pus may be
- Fresh air - expectorated
- Treat symptoms.
Improve digestion in any
disease - Gentian -
Note unresolved pneumonia
Change of air - best treatment
Counter irritation -
Blistering - Antiphlogistine

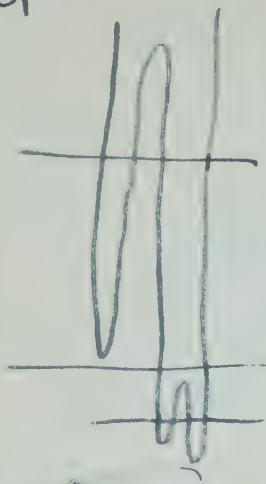
Avoid routine treatment
Find cause -
Valvular lesion no
etiological sign.
Not appendicostomy -

II V
Note honey comb lung -
may follow chronic pneumonia
and resulting in vast fibrosis.
Note clubbing of fingers
indicates old standing case

III Chorea purposeless
movements.

IV Cases with stomach
symptoms. 1st Is it stomach
2. Is it Organic
3. Is it Functional

consider tubes in Sp cord -



Sections may cause variations in picture

Hutchison - Oct. 29/x.

Pt - 35 - Chronic diarrhoea - history of Rheumatism -

8 or 9 movements per diem

some mucus

when mucus & blood in stools examine colon -

Colitis
neoplasm
Ulceration
} spasm cyanoid conditions

Possibility of primary disorder in stomach diminished acidity - achlria -

Peroneal form of muscle atrophy – may be also washing of hands.

Not anaesthesia in syringomyelia – also analgesia more extensive
Thermal anaesthesia very extensive

Not cavity encroaching on cent canal & cord. in syringomyelia.
Prob not connected in first place –

Gliomatosis –
Tumors in sp cord have tendency to cavities
May be due to pressure which causes softening

Cong anomaly of Sp. cord - possibly - may develope slowly — or very rapidly (Gliomatosis) of Sp. cord. In this cord is substance - cavities are developed. - Other parts also affected - Facial & 6th nerve - so not strictly spinal cord disease -

Slides

1. Cong Spastic paraplegia (Paraplegia)
   Labor Instrumental
   Legs crossed.
2. Infantile Hemiplegia
   acute feverish illness
   convulsions
   Cortex affected
   Hand.
3. Sp cord - Ant Pol myelitis
   Ant horns degen.

below knee - R.D.
Small muscles of hand -
then of forearm -
Goes slowly -
Knee jerks may be present -
Fibrillary twitching may
be striking -

Treatment.

Massage -
Galvanism -
Pathology - difficult -
may affect several
members of family -
Ant. Horn cells - pointed to
by hand symptoms & fib
twitching

Bulbar paralysis
Syringomyelia.
Facial Paralysis
Rt. 6th nerve paralysed.
Atrophy of Rt half of tongue.
Shoulders wasted.
Anaesthesia - Analgesia - Thermal
Characteristic

Spends on local development
and atrophy &c
Absence of joint & sensory changes

II. Cord closely allied - Brain
affected - usually ushered
in by ferisimes & convulsions
often restricted to one side
Lymph sph. Encephalitis -
Infantile Hemiplegia is
an important disease - often
associated with mental defect
& athetosis - Spastic cont.
much more common on left
side - Child may not talk .. or
very little - Boy or Boad.

III. Pseudo hypertrophic paralysis
Perroud Class -
Inherited? Maybe,
family disease -
Waddling in muscles

National Hospital – Oct 28.

Infantile Palalysis – in adult – Anterior Polymyelitis (Common in children (first 2 years.) – Man 29. caught cold – pain & disability in left leg. Absent reflex – Not how to take Knee reflex Exposure to wet cold – Disease occurs at all ages – often 16 yrs of age

Feverishness – may be head retraction & convulsion – Similate meningitis – It may be no symptoms – Child may fall – history Some reflex in skin – may be severe pain – note peripheral neuritis present – Tenderness & weakness of muscles.

Duration & recovery – Not complete recovery

A.P. London. Oct 28/X.

1. Epileptic fit dog from Asylum -
Cry ss's - common in hysteria
Fall - Bruise
Duration 3 min -
Unconsciousness +5
History - Personal & family.
Constipation common
Treatment - 1. Bromides -
Amm
Sodium
2. Borax -
3. Calcium chloride
Treat 2 years after last fit.

2. Dry pleurisy - causes pain -
Pneumonia
Phthisis
Traumatism
Rheumatism
associated with abd disease

Strap of pain in Radial Traumatic Cases

VII Backache is always question - common in women. Examine carefully

VIII Gon joint - Vag discharge. May get acute joint trouble which is not Traumatic or Rheumatic

IX Pain in Liver Region
Gall Bladder.
Pleurisy
Duodenal ulcer
Stomach "
Appendix "
(X rays ")
Kidney.

X How tell whether diaphragm moving - Xray movement

II Asthma since childhood.
— history of Pertussis —
Pigeon chest. Emphysema

III Splenomegaly.

IV Bitters & alkalines
before meals when
complain of wt. in ♂

V. Purpuric Eruption on Leg.
All seem to do not
mean purpura perhaps Scurvy.
Purpura Rheumatica —

VI Paralysis of 3rd nerve.
Tumor.
Haem. usually in old —
Examine urine
Examine fundus
Try with iodides —

do special symptoms,

6 Diffuse fibrous thyroiditis
Cong Syphilis
Large firm -
No lobular pattern,
Intra capsular Summata.
formed by Sarcoma -
Ot can recover by regen -
which is great in children
Juvenile case a present, not
common - May be cirrhosis -

Hutchison Med. Oct 25/X.

Haem in Sput - be Suspicious
of T.B. even if no phy sign
Exam Ht & Lungs -
Tonics - country. Sanatorium
First sign may be (of T.B.)
profuse Haemoptysis,

3. Nodular.

Normal with much regeneration.

Fibrous may cut off larger areas of parenchyma. e.g. yeast.

May be latent.

Or may die by destroying down of liver & torso

4. Island Liver

fib. areas cut off islands of cells

Note Banti's disease

Pattern for this disease - young cirrhosis - large spleen.

Fissure - Islands of fibrous tissue.

NB - Body round liver. (grapes)

Typical of alcohol & syphilis

Toxic Oes. Stasis of veins
under mucosa - Haem. may
be Latent

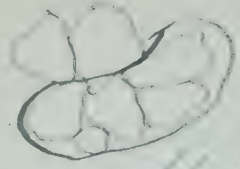
2. Ascites.

Obstr Topic may come
on quickly

3. Jaundice not prominent.
in this form
Treat as Clinical.

4 Symptoms due to Dep Lund.
seen other parts of Body
Same as symptoms.
(Thrombosis) not due
to by Cirrhosis of Liver.
Compensated -
Calcic -
Regurgitation.
Liver gets smaller

Carcinoma — cut off by [illegible]
lobular
multilobular



Group of lobules cut off. 6 lobules cut off
liver regenerates well. But ducts
normal pattern destroyed.
NB Group of 4 ducts which cut off by
Conduits canaliculi

Enlargement of Spleen with
cirrhosis of liver. Not gradual
normal.
Size of cabbage.
Follicular distinct — battery.
malpighian rather indistinct.
Pericellular fibrosis
Lack pressure & pleomorphism
hard.)

Symptoms.

1 Pain in abdomen not
of biliary nature.
Often vomiting — coffee
ground stomach contents &

1 Cirrhosis - yellowish
not used for cirrhosis

2 Hepatic - Hepatic
Glue for - Hanots liver
Cirrhosis named by Hepatic Biliary
Cirrhosis

3 Biliary ✓ frequently used for

4 Fatty change used changes
some from

5 Lutein - no symptoms during
life

Cardiac -

I former than usual
Portal System most
Alcoholic (Beer)
No Symptoms - ascites
Veins

2 Coronal - Atrophic cirrhosis of
(Gin drinkers) Hepatic.
Pseudo acini obtain.
Fibrous spread from Portal System

Terms

1 Cirrhosis -
2 Hypertrophic cirrhosis
3 Biliary cirrhosis
4 Fatty cirrhosis
5 Latent cirrhosis

Symptoms of Robust Liver -

1 Haem
2 Ascites
3 Jaundice
4 Haem (from rest food)
5 Nervous (Jaundice)

} Obst of Liver. just in Biliary

Coma & convulsions
Imc of Liver
Or fatal inadequacy

4. Island Cirr.

v Fissured Liver

Syn Bolyrod liver

H. Carbonarium (Reg S.)

VI Uniformly fibrosed liver -

Syn Diffuse fibrosis - Coag. S.

B. Rare forms

VII Cirrhosis of Hanot

Syn - Hy pertrophic cirrhosis

" Biliary "

8. Pig. cirrhosis of Nodula

1 Haemochromatosis

2 Anthracosis

9. Cirrhosis - (Bile duct obstruction)

Syn (Obstructive Biliary)

1. In adults

2. Congenital cirrhosis of Infancy and childhood.

X. Cirrhosis of heart obstruct.

Cirrhosis of Liver -

Classification -

1. Etiological ?
2. Anatomical - Rous's

Collesion { 1. Multilobular / Unilobular / 2. Intracellular / Mixed

3. Clinical (Collesion)

1. Ordinary - common portal
2. Atypical - Hypertrophic / Atrophic
3. Syphilitic

Clinical forms -

1. Common portal pattern. (Collesion ordinary common portal. 1.2.3.)

Subvarieties - Ascites with fibrosis

2. Hodgkin Syn - Atrophic cirrhosis of liver.

(Hutchinson's liver).

3. Nodular Liver - Hypertrophied Hobnail

Oct 25/x.

Fatty Liver with Cirrhosis
Syphilitic Stillcoast

1. Liver greatly enlarged
2. Cap surface nearly smooth
3. On cut surface seen some
sunken dark areas in
a fibrous tissue

Hobnail Liver
Hobnail cirrhosis of Liver
Hobnail Liver with Cirrhosis
Nodular Liver
Island cirrhosis
Hepatic cirrhosis
Scarred syphilitic Liver
Alcoholic cirrhosis
Diffuse fibrosis with
Nodular disease of
Kidneys

16 Scabies Spread from
periphery to centre (or opposite)
On Trunk Pediculosa -
(Stomach, back)
Urticaria Papulosa. -
Bowels open.
Naphthol ointment.

17 Pityriasis (Tinea) Versicolor
Microsporon Furfur
Comes on epidermal scales.
Soft soap + warm water.
Sulphurous acid
Water 2 - 3 parts.

18 Rodent Ulcer
Radium - 4 hours.

19 Eczema Duchrony
cause - Vaccine
Zinc 20 gr to 3j
Salicylic 10 gr to 3j.

12 Lupus ~~Erythematosis~~ vulgaris
with superficial Epithelioma
Rare Lupoid tubercles -
Enlarged glands & spreading
on to scalp - not frequent.
Epith develops late - shortest
time 9 years.

13 Lupus Erythematosus
may come on back.
Head & chest -

14 Psoriasis Palmaris -
Agnes

15 Lichen planus patch may remain
months for some time after
skin eruption gone
Always look into mouth.

16 Rare Injection 606 into
mother for Bullous infantum
of infant. .05 average dose
grams. child .02.

II Watery lichen stamus
Dry Red. Some times
mistaken for Psoriasis
No known cause of Planus.
(Keratosis) - destroyed by
Salicylic *
Int Remedies
Arsenic - chromo)
Mercury (Bunodide)
Lahcin (acute)
Antimony - Lowers B. press.
Arsenic special action on thickened
Scaly skin
Liq Pot 1-4 left on only
an hour.-
Soft soap & Spirit equal parts.
Liq Pancreaticus -
May leave raw surface - but
save time
X-rays often have good effect.

5. Atrophy of Skin in woman 64. Diffuse Senile.

6. Pl. 32 Specific Ulcers Multiple Gumma 606 Leg. Thigh from 563. which occurs younger than 32. — Wassermann test 703. Thrombosis in small vessel Hypoderm - also Syphilis.

7. Lichen Planus -

8. Chronic Periostitis & Osteitis - Tibia

9. Salicylic Plaster for watery local lichen Planus - 7 8 hours. (Knee)

10. Lupus Erythematosus of margin of Lip. - Loss of Skin layer of colour - associated with Warts same on Thigh as Verrucous Epithelioma

~~Inoculation tuber~~ Oct 27 x.

Skin - Oct 25 x.

1. No 3. gland sometimes present over Buccinator.
Lupus vulgaris - on cheek.
2 young girl - Scrofuloderma.
Glucodes if. X rays to not possible.

2. Scabies in infant.
Sarcoptes
Treatment
Hyp - Unguentum Sulphuris.
Also note Secondary Streptococcal infection.

3. Note Discrete character of coccal infect - Eczema on face - Note crusts & Impetigo
Inoculation Tuberculosis.

4. Senile Keratoma Keratoderma may become malignant.
Devic's from mole or wart.

not necessarily mentally defective
Cessura may cause
death by Convulsions
in the peripneua
Treat. Ldp fontanelle
Drain Sp canal. Lumbar.
Permanent drain into Spinal
muscles. Tenotomy (best). Limb sinews.
No good in operations.
Congo haem of Brain
if fluid removed.

8. Temp suddenly falls
Herpes on mouth. Prob
Sabbs of Pneumonia.

7. Child 4 months
Hydrocephalus.
Head back - eyes turned down
Cannot lift head low.
Cannon 5 weeks old.
Pathology - extremely
obscure
2 sorts
1 Secondary.
2 Primary.
1 follows Acute disease.
Basal meningitis
2. No apparent reason
at birth
a few weeks after birth.
Want of balance
between prod of cerebro
Spinal fluid & absorption
no blocking.
Leave alone - certain pitch
remains - eg shell mats

Cam in head may be only symptom of typhoid infection

Tub abd - more flat than typhoid

6/ Boy 5 -

Cam Rt sub Rt chest fever sweating at night. Temp 102 - Rt Base ponted dullness. very dull. note also Tub Rhonchi sounds Present in children - Sputum so resistant to hard percussion - needled - clear fluid not common in children. No way to Know without Pus. Post Pharyngeal in cond dont help. Rivers & what might cyst. Pleuritic effusion

Prof T.B.

4. Tape worm. when most thrown off wont appear again for 2-3 months

5. Illness. Malaise. Pain in legs constip. Temp no physical signs. Young subject suspect Enteric

Intermittence of pulse or Spleen - not significant

Widal reaction — neg.

Fever without phy signs

1. Medical septicaemia. Temp may be high.

Malignant Endocarditis

Tubercle

Beyond age of Childhood but many. diagnosis

1 Sputum

2 Rectum 3 V vomiting

4 Retrieval of rectal

have blood culture.

Man 55

3. Anaemia - Indigestion - No physical signs - Murmur at Base of heart.

Primary

Secondary Haemorrhoids

Copp ℈ ooooo

Color in dr. 4 Min Aurum

Red ℈ gust juic. Total acidity 20.

Note presumptive

1. Latent ^ngtly Disease of Stomach

2 Loss of Blood.

MBI Gastric juice no - inst of malig disease.

Latent - Exudation

Admits. loss of blood known.

Anaemia & Test test positive may follow Haemorrhoids

Iron 10 m

Arsenic 2 "

Hyd. acid 10 "

Tonalon not absorbed.

Must have acid.

Treat Piles -

Hx Knot of Gast trouble
Gast ulcer
Pain after food etc.

Haem

Come up at once
O. ~~not~~ feel faint

Haematemesis
Pallor
Hours
Pt fell faint
Blood in stool
not sizy pt.

Bright color -
Frothy -

Lungs clear absolutely
ausc. Bronchi ron's.

Tests

Hgb - Pos react not
much value. - Most
young people have H.B.
somewhere - Just to screen
ulcers, neg value.

Hutchinson - Med.

Oct 22

1 Tic - shoulder - nervous shock.

2 Young man 20 - Naem
Ether - Haematemesis
may be from head Haemoptysis
Clubbing of fingers -
Old standing cough.
Emphysema -
Crepitation - Bubbling
Dyspnoea - Heart & Lung.

Causes { Tub.?
Bronchiectasis
Infarct - mitr valve.

Sputum ?B.

Signs. Top of Lung
Front of Lung
No signs of B. cavity.
Absence of fever suggests

Nat Hosp for Paral & Epil
James Collier -

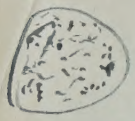
Nov. 3 10.17.24.
Dec 1-8. Thursday
2 pounds
Clinical exam of cases
of disease of nervous syst

Mond - Tues Wed & Friday
Out patient -

Saunders

Lea & Dick - Ophthalmology Lyon Hand
Brain Path

University of London South
Kensington S.W.
Sealon
Nov. 11 - 15 - 18. 22. - 4 p.m.
Brampton

Medicine
Medical Pathology *
Therapeutics

Jurisprudence
Sanitary Science
Topicology
Medical Anatomy.

Demons
12-1 Tuesday Turnbull
430 - Rigby - Surg Path
Wed.

Lecture 5 P.M.
Royal College of Surg
24 - Shattock - Syphilis
28 Keith - Diet of Sex
31 - Shattock - Rickets Cretinism
4 - Keith Acromegaly
7 - Shattock Injuries & diseases of Art.
Lolbeck cond

Openshaw O.P. Frid 10.30
Frid 2 P.m. Warren.
Children.

~~Monday~~ Med. Surg.

Wall.

Mond- Surg Med.

Warren

Tues-

Wed- Rigby. Hutchison

Thompson

~~Hutchison~~

Thurs- Surgical

Fri- Howard ~~Howard~~

Sat ~~Thompson~~

Neff.

Special

Anatomy 9.30 Prof Wright.

Skin — 9.15 ~~Tuesday~~ Thursday.

Lect. 10.45

Fever Upton Park.

Brander